

## **IIR01-116     Stakeholder Perspectives on Sustaining Involvement in Schizophrenia Care**

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### **BACKGROUND / RATIONALE:**

Schizophrenia, typically a chronic condition, has a profoundly debilitating influence on all aspects of an individual's life, on family members, and on the community at large. Although effective treatments are available, effectiveness depends on patients remaining in treatment. The field still knows relatively little about how to motivate individuals with schizophrenia to remain in care over time under "usual" outpatient-care conditions. Our long-term research agenda is to increase the likelihood of sustained consumer involvement in outpatient care as a critical pre-requisite for improving outcomes.

### **OBJECTIVE(S):**

The immediate goal of the 2.75 year project is to expand understanding of the factors associated with long-term involvement in care for schizophrenia under usual conditions. Specific aims are (1) to identify clinical, functional, social, and familial predictors and correlates of long-term consumer involvement in care through quantitative analysis of an existing longitudinal database; (2) to identify additional factors consumers consider to be important in facilitating, motivating, or impeding long-term involvement in care through naturalistic qualitative interviews, (3) to expand understanding of the family's role in sustaining long-term consumer involvement in care through naturalistic qualitative interviews with both the consumer and family, and (4) to compare predictors and correlates of long-term consumer involvement in care in VA and non-VA facilities.

### **METHODS:**

The project combines quantitative and qualitative analysis to elucidate the determinants of long-term involvement. Standard bivariate and multivariate statistical techniques will be applied to an existing longitudinal database of 323 individuals with schizophrenia to identify those modifiable characteristics that consistently differentiate consumers regularly involved in care from those who cycle in-and-out of care or are in care only infrequently (Aim 1).

The existing database will also be used to identify potential consumer participants for the qualitative component of the study. In-depth naturalistic interviews will be conducted with approximately 32 consenting consumers (16 VA, 16 non-VA) to identify the factors that motivate, facilitate, and impede continued involvement. Consumer participants will be adult residents of Arkansas, aged 18-75, who meet DSM-IV criteria for schizophrenia and have a history of cycling in-and-out of care ("irregular" involvement). Interviews will also be conducted with a consenting, consumer-designated, family member or friend for each consumer to elicit their perspectives on factors promoting long-term consumer involvement and on their own roles in the process (Aims 2-3). Each participant will take part in 2-3 interviews. All interviews will be audio-taped for transcription and analysis. Each participant will receive a total of \$30 for his/her participation in the project.

Qualitative interview data will be analyzed using content analysis and constant comparison techniques. The importance of themes identified through qualitative analysis will also be explored quantitatively using data from the existing longitudinal database. Using both quantitative and qualitative data, key predictors and correlates of involvement for consumers receiving care from VHA will be compared with those of consumers receiving care elsewhere (Aim 4). Findings from the quantitative and qualitative components of the study will be integrated in a comprehensive model of involvement in care for schizophrenia.

### **FINDINGS / RESULTS:**

None at this time.

### **STATUS:**

Start-up Activities

### **IMPACT:**

The project focuses attention on a critically important and intractable problem in schizophrenia care, within and outside the VA. It takes an innovative approach to the problem by combining quantitative and qualitative methods to develop a body of knowledge that will inform future research and improve quality of care for schizophrenia under usual, average intensity, outpatient-care conditions.

**PUBLICATIONS:**     None at this time.